Application Number Filing Date **CLAIMS ONLY** 10-617328 Applicant(s) May be used for additional claims or amendments CLAIMS AFTER SECOND AMENDMENT AS FILED AFTER FIRST **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Depend Indep Depend .52 3--57 DEST AVAILABLE COPY -19-21--35-- 85 38 TIPE : E 39. Total Total Indep Indep Total Total Depend Depend Total Total Claims